



**APRN GERONTOLOGICAL SPECIALIST(GS-C) CERTIFICATION APPLICATION**  
**For First-Time Re-Examination ONLY**

Please select format: **Computer-Based Test (CBT)**

**OR \*Conference-based Paper & Pencil Exam**

**\*Please fill in applicable exam date and site (city and state) of conference:**

**Date:** \_\_\_\_\_ **Site:** \_\_\_\_\_

All application materials must be postmarked by the deadline date or late-fee deadline date if applicable.  
There is no deadline for CBT format.

1. Name \_\_\_\_\_ (Last) \_\_\_\_\_ (Maiden) \_\_\_\_\_ (First)

2. Last 4 digits of Soc Sec # XXX - XX -

3. Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

4. Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

5. E-mail Address: \_\_\_\_\_

6. RN license: State: \_\_\_\_\_ RN license number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

7. Advanced Practice Registered Nurse License: State: \_\_\_\_\_ RN license number: \_\_\_\_\_

8. List type of APRN current national certification: \_\_\_\_\_

**POLICY ON RE-EXAMINATION**  
A candidate who does not pass the examination has ONE YEAR in which to retake the examination with this reduced application. If the candidate does not pass the examination the second time, the candidate must complete the full exam application for future attempts. PLEASE NOTE: A \$50.00 late charge will be assessed for any application mailed after the specified deadline date if applicable.

Check the appropriate fee for: GAPNA member \_\_\_\_\_ \$295 \_\_\_\_\_ \$345 (LATE application)  
Nonmember \_\_\_\_\_ \$395 \_\_\_\_\_ \$445 (LATE application)

Send this application form, a photocopy of your GAPNA membership card (if member), and appropriate fee to:  
C-NET, 35 Journal Square, Suite 901, Jersey City, NJ 07306

Check payment method: Check Money Order Visa Master Card

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_